

# **Notice Of Computation (DE 429D)**

		EDD Telephone Number:	800-480-3287
Issue Date:	09-22-2020		

This notice does not establish your right to benefits. State Disability Insurance or Paid Family Leave benefits are paid to you only when you meet all the conditions of eligibility.

# **Claimant Information**

Name:	George J Austin		240 E Channel St # Stockton, CA 95202-4200 United States
EDDCAN:		Claim ID:	

# Recomputation of Award

Your weekly and maximum benefit amounts shown here were recomputed with California earnings for quarters prior to your current base period. THIS IS A RESULT OF THE WAGE SUBSTITUTIONS YOU REQUESTED.

# **Benefit Information**

Your Maximum Benefit Amount is (\$):	Your Weekly Benefit Amount is (\$):	1300.00
Your Daily Benefit Amount is (\$):	Your Claim Effective Date:	04-20-2020

# **Wage Information**

Your Name	Employer	Jan-Mar '19 (\$)	Apr-Jun '19 (\$)	Jul-Sep '19 (\$)	Oct-Dec '19 (\$)
*GEORGE AUSTIN			0.00	0.00	0.00
*GEORGE AUSTIN	BALANCE STAFFING WORKFORCE LLC	0.00	0.00	7,	1 81.82
*GEORGE AUSTIN	MVPPAYROLL	0.00	0.00	7,	1 4.52
Quarter Total:			0.00	1 60	2 96.34
Total Wages (\$):	4 81.69				

